

# Healthy Child Care



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## Summer is Here ... Schedules Have Changed ... Do you have a Plan?

With summer here, schedules have changed. School is out, children are on their summer vacations, and family members may have different daily routines. At this time of the year, officials with the Missouri Department of Health and Senior Services remind residents to review and update their family emergency plan.

"Emergencies happen. A tornado, house fire, flood, or even a terrorist attack could occur when least expected," said Richard Dunn, director of the Missouri Department of Health and Senior Services. "Being prepared for an emergency can help protect your family."

"Your family might not be together when an emergency happens," Dunn said. "That's why it's important to have a plan in place."

The state health department urges families to do the following:

- Talk about how you will reach each other in different



situations. You might think about a couple of different plans. Planning for a tornado can be different than planning for a fire or other emergencies.

- Consider contacting the same friend or family member by phone or e-mail. Think about making an out-of-town family member or friend the contact. It might be easier to make a long-distance phone call instead of a local call during an emergency. It could be easier for an out-of-town person to connect separated family members.
- Make plans for two situations: staying home

or leaving. You should be prepared to stay in one place (like your house) or to evacuate. Deciding whether it is best to stay or go depends on the type of emergency.

- Prepare an emergency kit for your home, car and

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work. If an emergency happens, you might not be able to get food or water for days or weeks, and your electricity may not be working.

- Be prepared to listen for information about what to do and where to go during an emergency. Many of us rely on television, the radio, or the Internet for news, but some emergencies might knock out the electricity. Make sure to have a battery-powered radio with extra batteries.

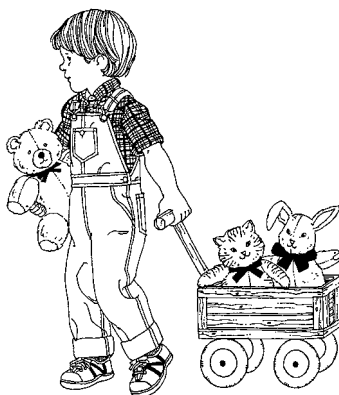
"The most important thing to remember in an emergency is to stay calm," Dunn said, "but by taking these steps you've made a decision to take an active role in your safety and the safety of the ones you love."

This announcement was made in conjunction with the department's Ready in 3 educational initiative. The Ready in 3 program was launched in March to outline

three simple steps that families can take to prepare themselves for an emergency situation:

- Create a plan for you, your family, and your business;
- Prepare an emergency kit for home, car, and at work; and
- Listen for information about what to do and where to go during an emergency.

The Ready in 3 Family Safety Guide explains these steps in more detail and provides an emergency kit checklist. For a free copy of the Family Safety Guide, call 573-751-6062 or visit the Missouri Department of Health and Senior Services' web site at [www.dhss.mo.gov](http://www.dhss.mo.gov).



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This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the web address ([www.dhss.mo.gov/HealthyChildCare/index.html](http://www.dhss.mo.gov/HealthyChildCare/index.html)) so they can print their own copy.

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# Consumer Product Safety Commission

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. You can reach the CPSC through:

- The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.
- The CPSC web site address at <http://www.cpsc.gov>

## How to Obtain Recall Information

The U.S. CPSC issues approximately 300 product recalls each year, including



many products found in child care settings.

Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be loaned or given to a charity, relatives, or neighbors, or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending, or selling recalled consumer products. You can contact the CPSC to find out whether

products have been recalled, and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information.

To receive CPSC's current recall information automatically by e-mail or fax or in a quarterly compilation of recalls sent by regular mail, call CPSC's Hotline and after the greeting, enter 140, then follow the instructions given.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.

## CPSC, Swing-N-Slide Announce Recall of Solid Color and Multi-colored Sidewalk Chalk

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission announces the following recall in voluntary cooperation with the firm below. Consumers should stop using recalled products immediately unless otherwise instructed.

**Name of product:** Multi-colored and solid-colored sidewalk chalk.

**Units:** 50,000 packages

**Manufacturer:** Manufactured by Agglo Corporation, Hong Kong (China), and imported by Toys "R" Us, Inc., Paramus, NJ.

**Hazard:** The multi-colored and solid-colored sidewalk chalk contains high levels of lead, posing a risk of poisoning to young children.

**Incidents/Injuries:** None.

**Description:** The sidewalk chalk is packaged in a clear-plastic backpack-type carrying case with these words on the label: "Chalk To Go...Totally Me!...24 pieces, sidewalk chalk in different colors, fun chalk shapes." The label on the package also says "Conforms to ASTM- D4236." The sidewalk chalk comes in several shapes: butterfly, spider, ice cream cone, bottle, cylinder, and triangular stick. The chalk pieces are solid-colored or multi-colored, including red, blue, green, yellow, and purple.

**Sold at:** The sidewalk chalk was sold at Toys "R" Us stores nationwide from March 2003 to November 2003 for about \$4.99 per package.

**Manufactured in:** China

**Remedy:** Return the sidewalk chalk to Toys "R" Us for a refund.

**Consumer Contact:** Consumers may call toll-free (866) 274-6340 24- hours-a-day Monday through Friday or visit the Toys "R" Us Web site: [www.toysrusinc.com](http://www.toysrusinc.com)

# Promoting a Healthy Lifestyle

Helping children develop a healthy lifestyle—including healthy eating and physical activity—begins at home. However, it is also important that these behaviors are reinforced in the childcare setting. Parents and caregivers can help children to be active and make smart food choices by modeling these behaviors themselves. Here is some guidance to help you promote a healthy lifestyle when working with children.

## **Encourage Healthy Eating.**

Serve appropriate portions of food at meal and snack times. Over-portioning encourages overeating and may lead to undesirable weight gain. Making healthy foods available encourages children to try them. A designated area for meals and snacks along with a fairly consistent meal schedule helps children form healthy habits and discourages snacking in front of the TV or computer.

Children should not be overly restricted in the foods they consume. Remember, the goal is to promote the development of healthy habits, not obsession with food or body weight. Severe diet restrictions should only be followed when advised by an appropriate health care professional. In addition, food should not be used for reward or punishment. Use family or childcare group activities, stickers, or small trinkets as rewards.

## **What About Food Labels?**

Food labels can be invaluable in making smart food choices. The nutritional information on

the label is based on the serving size. Compare your serving with the serving size on the label. A serving may be smaller than you realized. The terms “low-fat,” “reduced fat,” or “light” are frequently seen on food packages. These foods often have added sugar and may have as many calories as their regular counterparts.

## **How Do You Decide Which to Buy?**

In addition to food labels, the *Food Guide Pyramid for Young Children* can be a useful tool to help you teach children about portion sizes and the importance of consuming a variety of foods from the various food groups. The Pyramid may be accessed from the Web at <http://www.usda.gov/cnpp/index.html>.

## **How Do You Know If A Child Is Overweight?**

Children grow at different rates at different times. In addition, it is normal for children to gain weight just prior to a growth spurt. Parents who are concerned about a child's weight should discuss it with their pediatrician or health care provider. The pediatrician or health care provider can track a child's height and weight over time and let you know if the child is in a healthy range. The American Academy of Pediatrics recommends that initial therapy for young children who are overweight should focus on decreasing or minimizing weight gain rather than promoting weight loss. This approach allows the child's height to catch up with

his or her weight while still consuming sufficient calories for growth. Children need to know, however, that they are loved and accepted regardless of their weight.

## **Encourage Physical Activity.**

Just as children tend to model the eating behaviors they observe from the adults around them, they also are more likely to be physically active if the adults in their life are active as well. Regular group physical activities should be planned in the child care setting as well as at home. Offer a variety of physical activities and allow children opportunities to choose the ones they like best. Children are more likely to want to participate and to look forward to physical activity if it is fun. Activities may include traditional games and sports as well as outings such as field trips that involve walking. In addition to providing health benefits, regular physical activity can be educational, teach social skills, and boost the child's self-esteem. Here are some physical activities you may want to try:

- Biking
- Bowling
- Hiking
- Dancing
- Flying a kite
- Catch
- Freeze tag
- Hopscotch
- Ice skating
- Swimming

Parents and caregivers should provide a safe area for the children to play, safety gear recommended for specific sports, and appropriate supervision.

## **In Summary**

Your role in promoting a healthy lifestyle can impact children – not just while they are



growing up, but for the remainder of their lives. Being a role model for healthy eating and physical activity benefits you as well as the children in your care. Remember that forming healthy habits occurs over time – not overnight. Be patient. Praise children for moving in the right direction. Even small changes can have a big impact over time.

Web Sites for Healthy Eating and Physical Activity for Children  
*\*Child care recipes, food for health and fun.* (1999). Washington, DC: United States Department of Agriculture, Food and Nutrition Service.

American Dietetic Association  
[www.eatright.org](http://www.eatright.org)

American Academy of Pediatrics  
[www.aap.org](http://www.aap.org)

American Academy of Family Physicians  
[www.aafp.org](http://www.aafp.org)

American Medical Association  
[www.ama-assn.org](http://www.ama-assn.org)

Centers for Disease Control and Prevention  
[www.cdc.gov](http://www.cdc.gov)

Center for Nutrition Policy and Promotion  
<http://www.usda.gov/cnpp/index.html>

The Child Care Nutrition Resource Center  
<http://www.nal.usda.gov/childcare/>

Food And Nutrition Information Center  
[www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)

United States Department of Agriculture  
 Team Nutrition  
[www.fns.usda.gov/tn](http://www.fns.usda.gov/tn)

Weight Control Information Network  
[www.niddk.nih.gov/health/nutrit/win.htm](http://www.niddk.nih.gov/health/nutrit/win.htm)

### Lunch or Supper Meal Pattern For Children Ages 3-5

1 milk, fluid	3/4 cup
2 fruits/vegetables	1/2 cup
1 grains/bread	1/2 slice
1 meat/meat alternate	1 1/2 ounce

### Lunch Menu

1/2 Tortilla Roll-Up  
 1/4 cup Shredded Lettuce and Diced Tomato  
 1/4 cup Strawberries  
 3/4 cup Milk

**Tortilla Roll-Up-** One-half filled tortilla roll-up provides

11/2 oz of cooked poultry and the equivalent of 1 slice of bread.\*  
 13 enriched flour tortillas, 8-inch (1.8 oz each)  
 3 1/4 cups Monterey Jack cheese, shredded  
 1 1/2 qts. chicken or turkey, cooked, diced  
 2 cups mild salsa, chunky  
 1 Tbsp 2 tsp onions, minced  
 1/2 cup red bell pepper, seeded, minced (optional)

1. Sprinkle 1/4 cup of shredded cheese on each tortilla.
2. In a bowl combine chicken or turkey, salsa, onions, and red pepper. Spread 1/2 cup of chicken or turkey mixture on tortilla. Roll like a jellyroll.
3. Place 13 rolled tortillas in a steam table pan (12"x 20"x 21/2"). Cover with foil.
4. To Bake: Conventional Oven: 375 degrees F, 15 minutes  
 Convection Oven: 325 degrees F, 15 minutes
5. Cut each tortilla in half to serve.
6. Refrigerate until ready to serve if not served immediately.

### Mealtime Memo for Child Care Promoting A Healthy Lifestyle

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Article provided by:  
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 573-751-6269

### CACFP Training Schedule

*Orientation training for the Child and Adult Care Food Program for child care centers\* is held in the five district offices located throughout the state on the following dates:*

July 13, 2004  
 August 19, 2004  
 September 16, 2004  
 October 21, 2004 (Independence Only)  
 October 22, 2004 (All other districts)

*\*Shelter and after-school training held separately.  
 August 24, 2004, Specialty training on Food Safety and Sanitation (call for more information - 800-733-6251.*



# Missouri Accreditation

*of Childhood Care and Education Programs*

Missouri is unique in the nation – the only state to have developed and implemented quality accreditation criteria for programs providing care and education for children from infancy through school age in a variety of child care settings. Founded in 1981, Missouri Accreditation of Childhood Care and Education Programs (MOA) is a non-profit, non-governmental, voluntary system (although some programs that have received grants may be required to receive accreditation). Since 1984, MOA has continued to serve as an institutional accrediting agency, providing leadership in the development of standards and the performance-based assessment, validation and recognition of high quality childhood care and education programs. In short, MOA strives to make a difference in the quality of childhood development and education through a commitment to establishing high quality standards – standards of excellence – for Missouri's children.

Missouri Accreditation is governed by a Board of Directors consisting of 20 child care professionals who represent various regions of the state as well as various types of programs. The Board holds quarterly meetings to examine the past and present,

and to revise, refine and plan the course for Missouri Accreditation's future.

If your child care program has decided to seek accreditation through MOA, there are seven steps to the accreditation process:

1. Contact MOA to purchase your Self-Study Manuals. Manuals cost \$15 for center-based programs and \$25 for family childcare programs. Preparation Handbooks are available for \$20. License-exempt programs must also complete and submit a Health & Safety Supplement, which costs \$10.
2. Your program staff will complete the Self-Study and compile documentation materials.
3. You will submit the completed accreditation materials and a check for the accreditation application fee (\$100 per packet submitted) to MOA.
4. Materials will be reviewed for completeness by MOA. If your packet is incomplete, all materials will be returned to your program, and a \$25 fee will be assessed. If the packet is complete, a Review Team will be assigned.
5. Your program will be notified of your Team members. You will then photocopy your self-study packet and send to each Review Team member.
6. Your program will be observed by the Review Team on a date you have mutually

agreed upon. The Review Team will then recommend either accreditation or an extension, and you will be notified via a Review Team Report.

7. If you are recommended for accreditation, you must then submit your accreditation fee for the first year of your three-year accreditation cycle. Fees are based on licensed capacity or enrollment (whichever is lower) and range from \$100 for a program with up to 10 children to \$400 for a program serving 150+ children. You will then receive your Certificate of Accreditation, a MOA logo and decal, and a sample news release. If you are recommended for an extension, your program will have one year to make any needed changes before your Review Team makes a return visit.

MOA currently has 320 accredited sites, with another 357 packets in progress. To obtain additional information, you may:

- call the MOA office in Columbia toll-free at 866-270-1023;
- e-mail Linda Dodd, MOA's Systems Manager, at [ldoddmoa@socket.net](mailto:ldoddmoa@socket.net); or
- visit the website at [www.moaccreditation.org](http://www.moaccreditation.org).

MOA remains committed to providing quality standards for child care programs in Missouri!

# Protect Children From The Devastation of E. Coli O157:H7

## What is E. Coli O157:H7?

E. Coli O157:H7 is a germ that causes a diarrheal illness but it is not your run of the mill diarrheal illness. Especially in children, the affects of this infection can be devastating. An E. Coli infection often leads to bloody diarrhea and kidney failure. The parents of four Missouri child care center attendees recently felt the impact of this illness. Their children contracted E. Coli, were hospitalized and may suffer long-term affects to their digestive system and kidneys. E Coli O157:H7 infection caused 61 deaths in the U.S. last year and over 73,000 cases were diagnosed.

## Prevention Tips For Child Care

Eating under cooked ground beef causes most cases of E. Coli. In the child care setting, the major cause of spreading the illness (or any diarrheal illness) is from using improper diapering and hand washing techniques when changing an ill child. To prevent the spread of diarrheal illness in child care adhere to the following tips.



## Diapering

- ✓ Any child that has diarrhea must be ex-cluded from the facility
- ✓ Dispose soiled diapers in a container with a tight fitting lid
- ✓ If jewelry is worn on the hands wear protective gloves.
- ✓ Wash hands thoroughly when diapering is completed even when wearing gloves.
- ✓ Wash the child's hands when diapering is completed.
- ✓ To kill germs on he diapering surface wash, rinse and sanitize the diapering surface. Just spraying a sanitizer on the diapering surface is not adequate.
- ✓ Do not store toys or other non-diapering items in the diapering area because they may become contaminated.
- ✓ Do not prepare or rinse bottles in the diapering hand washing sink. Germs may splash onto them and contaminate them.

## Food Preparation

- ✓ Wash hands thoroughly after handling raw ground beef.
- ✓ Wash, rinse and sanitize all surfaces that come in contact with raw ground beef.
- ✓ Cook all ground beef to 160°.
- ✓ Do not serve unpasteurized milk and juice.
- ✓ Do not serve bean sprouts.
- ✓ Wash fruits and vegetables thoroughly, especially those that will not be cooked.

## General

- ✓ Always wash your hands after going to the bathroom and helping children with toileting.
- ✓ Always make sure children wash their hands after toileting.
- ✓ Do not allow children to use an unfiltered, un-chlorinated pool or wading pool.

If you have questions regarding E. Coli or any other diarrheal illness, please contact the Bureau of Child Care at 573-751-2450.

# Ipecac Policy Change

In 2001, the American Association of Poison Control Centers reported a total of 1.2 million poisonings incidents among children less than six years old in the U.S. Preventing poisoning is a critically important component in making your childcare facility as safe as possible.

## Syrup of Ipecac

Syrup of ipecac is a substance that induces vomiting when consumed. If a child has consumed a poisonous substance, taking syrup of ipecac causes vomiting that can often remove some of the poisonous substance from the child's body. Health care organizations such as the American Academy of Pediatrics (AAP) have long recommended that parents and child caregivers keep a one-ounce bottle of syrup of ipecac available in case poisoning emergencies do occur. Now, that recommendation has been changed by new scientific evidence.

In November 2003, the American Academy of Pediatrics issued new recommendations on poison treatment in the home. The AAP now recommends that parents and caregivers should not keep syrup of ipecac in their homes. The AAP also recommends disposing of any syrup of ipecac you may have in a safe manner, such as by flushing it down the toilet.

## Poison Policy Change

According to the AAP's Committee on Injury, Violence, and Poison Prevention, there has never been any scientific evidence that administering

syrup of ipecac to induce vomiting reduces death rates from poisoning. For years, doctors and parents operated under the intuitive assumption that making children vomit after they have swallowed poison would effectively remove the poison from their bodies.

However, studies of children who had ingested a potentially toxic amount of a drug and then took ipecac showed that on average, only 28 percent of the poison was eliminated from their bodies after vomiting.

Ipecac has been replaced as the preferred treatment for poisoning in hospital emergency departments by activated charcoal, which binds to the poison in a person's stomach and prevents the poison from entering the bloodstream. Using syrup of ipecac first may actually reduce the effectiveness of activated charcoal treatments, another reason cited by the AAP for the change in policy.

The AAP also stated that syrup of ipecac may be misused by people with eating disorders (such as anorexia nervosa and bulimia nervosa) who want to induce vomiting in an attempt to lose weight or purge stomach contents. In very rare cases, the substance may be abused by adults with a mental disorder called Munchausen syndrome by proxy, in which they purposely make a child ill to gain attention for themselves.

The AAP has expressed concern that although parents and caregivers are advised to call a doctor or a poison control

center before administering ipecac, some parents and caregivers do not comply and administer the substance on their own. This practice could lead to serious health problems in children.

## Ipecac and Childcare

Because of the AAP's findings, the U.S. Food and Drug Administration is expected to consider removing syrup of ipecac from the market entirely or to change its status from an over-the-counter medication to a prescription one.

This situation can be confusing for providers who must comply with state and local regulations that have not been updated and may still require syrup of ipecac to be included in first-aid kits. As a childcare provider, the AAP recommends that you continue to follow all requirements by local and state childcare licensing agencies.

However, stay informed about new policies issued by your regulating agencies. Because of the stance of the AAP and other federal agencies, local and state regulations regarding the inclusion of syrup of ipecac may soon change.

## What to Do in Case of Poisoning

If you think that a child in your care has come in contact with poison, remain calm. Immediately call 9-1-1 if the child is having convulsions, stops breathing, or loses consciousness.

Call the poison control center at 800-222-1222, if the child is conscious and breathing. Provide the following informa-



tion: the child's age, weight, and current condition; the time that the poisoning occurred; and your name and telephone number. Have the product or container that held the poison nearby so you can answer the operator's questions.

Follow whatever instructions the poison control center gives you. Do not administer syrup of ipecac unless instructed to do so by the poison control operator or a doctor. If you have any questions about proper first aid or treatment or the risk of exposure, call the poison control center.

### **Prevent Poisoning**

Even if these new recommendations do not immediately impact your local and state regulations, they can be a useful reminder that it is always a good time to review your poison prevention procedures. Prevent poisonings with these techniques:

- Keep over-the-counter medications in their original containers as sold by the manufacturer. If a child requires a specific medication while in childcare, the child's parent should clearly label each medication with the child's name and specific instructions from the child's health professional on how to administer it.
- Ensure that all medications, refrigerated or unrefrigerated, have child-resistant caps.
- Ensure that medications are stored in a closed and locked place that is inaccessible to children.

- Store medications away from food and at the proper temperature.
- Do not use any medication beyond its expiration date.
- Store cleaning supplies away from food.
- Store all cleaning supplies in locked cabinets or rooms.
- Always safely store cleaning supplies immediately after use.
- Store poisonous or toxic materials in their original labeled containers.
- Keep purses and diaper bags of staff as well as visitors away from children.
- Know the correct names of all plants in your facility, and contact the Poison Control Center to make sure they are not toxic.

Finally, make sure that the telephone numbers of national and/or local poison control centers are displayed near each phone in case of emergency. Having these numbers available can help save lives when poisonings do occur.

Amy Sutton  
Editor of the Eye Care Sourcebook and the Dental and Oral Health Sourcebook

### **Internet Resources**

Poison Treatment in the Home, [www.aap.org/advocacy/releases/novpoisonqanda.htm](http://www.aap.org/advocacy/releases/novpoisonqanda.htm) and [www.aappolicy.aappublications.org/cgi/content/full/pediatrics;112/5/1182](http://www.aappolicy.aappublications.org/cgi/content/full/pediatrics;112/5/1182)

Preventing Poisonings in the Home, [www.aapcc.org/ppwbrochure.htm](http://www.aapcc.org/ppwbrochure.htm)

### **Resources**

American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007-1098; 847-434-4000; [www.aap.org](http://www.aap.org)

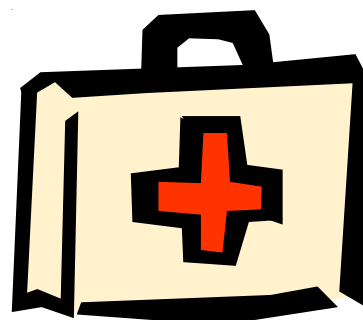
American Association of Poison Control Centers, 3201 New Mexico Ave., Ste. 330 Washington, DC 20016; 800-222-1222; [www.aapcc.org](http://www.aapcc.org)

National Resource Center for Health and Safety in Child Care, UCHSC at Fitzsimons Campus Mail Stop F541; PO Box 6508, Aurora, CO 80045-0508; 800-598-KIDS (5437); [nrc.uchsc.edu](http://nrc.uchsc.edu)

U.S. Consumer Product Safety Commission, Washington, DC 20207-0001; 301-504-6816; [www.cpsc.gov](http://www.cpsc.gov)

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# The Role of the Child Care Provider

## Supporting Children and Families During Times of Unrest

During this time of national unrest, it is almost impossible for individuals to not be affected in some way by the news and conflict in Iraq. Many Missouri communities and families have been directly affected with family members serving in the military efforts. Also, the media brings the war into our homes. For this reason, this article will focus on the media and children.

In 1999 the American Academy of Pediatrics recommended no television for children under age two to accommodate more appropriate and beneficial stimulation during the critical early years of brain development. Also, they suggested a limited amount (1 to 2 hours maximum daily) of quality programming for children over two years old. A recent study in the April 2004 issues of ***Pediatrics*** supported those findings and related television viewing in young children to an increased risk for developing attention deficit problems by age seven. Based on this research, many parents and child care providers limit or do not use media with children.

Still, children do hear the news or hear others talking about the news and will benefit from age appropriate answers to their questions. It could be helpful if childcare providers discuss with parents what is appropriate information for children to be given about these tough national issues. While it might be important at times to answer questions, **your main role as a child care provider is to focus on keeping positive and healthy day to day routines for children, yourself, and families.**

The Healthy Parenting Toolkit Online available at ParentLink's website <http://extension.missouri.edu/parentlink>,

designed for Families of Military Personnel, may be helpful to parents and child care providers as they decide what and how to share information with children. While the information is written for families in the military, some child care providers have children enrolled in their programs with parents or other family and friends in the military and may find the background information helpful for themselves or can inform families about the Healthy Parenting Toolkit Online. The Healthy Parenting Toolkit includes information for military personnel and their families with topics ranging from how children learn and grow to helping during deployment, relocation, and other challenges. The following is an example of one article for parents in the Healthy Parenting Toolkit Online.

### **Helping Children Cope with the Media During Times of Unrest**

During times of national unrest, parents have tough choices to make. They want to know the latest news, but they don't want it to upset their children. When a national tragedy happens, it's not easy to keep this news from children. A child may hear people talking about it, like teachers at school or other children. Like adults, children want to know what is going on. The key is to give them the truth without scaring them.

### **Is it okay to let my daughter watch the evening news with us?**

It depends on her age. Experts say that it might be frightening for children under 10 to watch the news or for it to be on when the children are nearby. Older children are able to understand more about news and the different views of the parties involved. Here are some things to keep in mind:

### **Infants, Toddlers, and Preschoolers**

Even very young children can understand when something bad has happened. Infants may sense that their parents are upset. Toddlers and preschoolers can tell from pictures and video that someone has been hurt or that property has been destroyed.

Young children can't tell the difference between fantasy and real events. They may react differently to news reports. For example, some children may believe that the news is just like other pretend shows they see on television—they are very far away and didn't really happen. Other children may react more strongly to the news. They may be afraid that a character from a scary movie will attack them in their sleep. They might also be afraid that the events will happen to them or someone they know.

Children at this age believe that everything has something to do with them. They may think that they did something to make terrible things happen. It is important to tell children that they had nothing to do with a bad event. *"That happened in a city far away. It did not happen because of anything you did, thought, or said."*

### **School-aged children**

School-aged children have very active minds. Although some children can tell what is real from what isn't, many of them think that the bad things will happen to them. For example, a child who watches the news about a fire in town may understand that the fire destroyed someone's property. However, he may begin thinking that a fire will destroy his family's home, even though the chance is very small as long as his family does things to be safe.

## **Adolescents**

Teens can think and talk more about events. They can tell truth from untruth. They can understand that the groups involved have different views and may have different reasons for what they are doing. You can help teenagers use their critical thinking skills by asking them questions: What really happened, and what evidence is there? What are the pros/cons for each party involved?

### **How much should I tell my child about what is going on?**

Talk with your child about national events like you would about other difficult topics. Find out how much information she needs. A good starting point is to ask her what she already knows. Explain what happened in a very simple way. *"Donna, some bad things happened today in \_\_\_\_\_. What do you understand about that news? What do you think about it? How does it make you feel? Do you have any questions about what is happening or what might happen? You may have questions later about what happened. I want you to know that you can always talk with me about anything that concerns you."* If she has more questions, give her simple and truthful answers. If you do not know the answers to her questions, you can offer to find the answers together.

### **How can I keep my child from feeling bad after watching disaster coverage on the news?**

Watch the news with your child. Once your child is old enough to watch the news, watch it together. Doing so will give you a better idea of what he or she knows about world events. Don't watch news video over and over. Although we often want to know as much as possible about what is happening, continuously watching the same upsetting pictures can frighten a

child (and is probably not helpful for adults either).

Take time to talk about the events. Make sure that you choose a time and place where neither of you will be disturbed. Ask your child what she has heard or knows about the events. What questions does she have? This is also a time for parents to discuss their own ideas and values with their children. Reassure your child. Although there are no guarantees in life, tell him that you will do your best to keep him safe. Tell him that you love him and always will.

### **How can I tell if my child is upset by all the news of this event?**

Watch your child for any signs that something is wrong. Does he have any new fears, anxieties, behavior, or acting out problems? One sign to look for is sleeplessness. Other signs may be patterns of crying or talking about being afraid. Children who feel stressed may also show behaviors they had outgrown, like bedwetting.

### **My child seems so sad about what is in the newspapers, on television, and on the Internet right now. How can I help my child focus on more positive things?**

Although the news covers a lot of bad events, reporters also look for positive ways that people are dealing with tragedy. You can show him how the community is working to help those hurt by the tragedy, like with fundraisers or food drives. Although bad events may make people angry and afraid, the work of the many heroes and helpers can help children feel hopeful and proud.

#### **Sources:**

*American Academy of Pediatrics, Children and the News.*

*[On-line] Available: [www.aacap.org/publications/factsfam/67.htm] Children Now and the Kaiser Family Foundation, Talking with Kids about the News.*

*[On-line] Available: [www.talkingwithkids.org/television/twk-news.html]*

Developed by University of Missouri and Lincoln University, in collaboration with USDA, DoD and Virginia Tech, under USDA Agreement No.99-EXCA-3-0823. This article along with many others are available in the Healthy Parenting Toolkit online at ParentLinks website <http://extension.missouri.edu/parentlink>. Once there, click Links for Military Families for a menu of topic related articles.

ParentLink's toll free parenting information line is a user friendly service available to help Missouri parents and professionals find the answers about parenting through supportive conversation, referrals, and/or mailing of parenting material. There is no charge to users for this service. ParentLink provides answers to ANY parenting questions, and all calls are confidential within the limits of the law. For more information about ParentLink, call 1-800-552-8522 (from Columbia call 573-882-7321) or visit <http://extension.missouri.edu/parentlink>



*ParentLink is a support program for parents administered by 4-H Youth Development Programs, University of Missouri. At ParentLink, we answer all kinds of questions. You can ask us anything. Your questions are as unique as your children!*

# Upcoming Dates & Events

## July

### Eye Injury Prevention Month

Accidental eye injury is one of the leading causes of vision loss in the country. More information is available online at [www.aao.org/aao/patients/eyemd/injury.cfm](http://www.aao.org/aao/patients/eyemd/injury.cfm) or by calling the American Academy of Ophthalmology at 415-561-8500.

## August

### World Breastfeeding Week

August 1 - 7

Breastfeeding advocates, health care professionals and social service agencies focus on the importance and benefits of breastfeeding. More information is available online at [www.lalecheleague.org](http://www.lalecheleague.org) or by calling 847-519-9858.

## September

### National Grandparents Day

September 12 - National Grandparents Day encourages families to visit their grandparents and elderly shut-ins. More information is available online at [www.grandparents-day.com](http://www.grandparents-day.com) or by calling the National Grandparents Day Council at 619-585-8259.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.



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